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**CONFIDENTIAL ATTORNEY-CLIENT  
PRIVILEGED COMMUNICATION**

Date: JANUARY 23, 2004

To: EXAMINER ANGELA J. MARTIN  
U.S. PATENT AND TRADEMARK OFFICE  
Fax #: (703) 872-9310

From: DARRIN WESLEY HARRIS  
Fax #: (847) 905-7111

Client/Matter No.: NL 000676 (7790/313)

# of Pages: 15  
(including cover sheet)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	NL 000676 (7790/313)
Application Number	09/995,457
Filing Date	NOVEMBER 27, 2001
First Named Inventor	MARTIN OUWERKERK
Group Art Unit	1745
Examiner	MARTIN, ANGELA J.

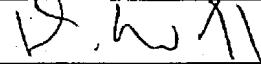
## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Response to a Non-Final Office Action Dated September 2, 2003	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Two-Month Petition for Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	
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## CALCULATION OF FEE

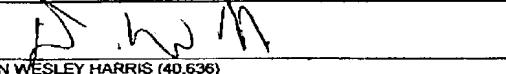
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total	Minus		0	Rate	Rate
Indep.	Minus		0	x \$9=	x \$18=
First Presentation of Multiple Dep. Claim				x \$43	x \$86
				+\$145	+\$290=
				total add'l fee	total add'l fee
				\$ 0	\$

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DARRIN WESLEY HARRIS Registration No. 40,636 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature			Date: January 23, 2004

## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9310 to the United States Patent and Trademark Office on this date: January 23, 2004

Signature		Date: January 23, 2004
	DARRIN WESLEY HARRIS (40,636)	